



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

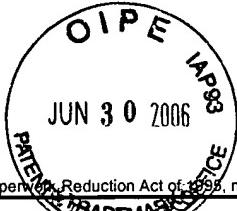
| | | | |
|--|--|------------------------|-----------------------|
| | | Application Number | 10/647465-Conf. #2311 |
| | | Filing Date | August 26, 2003 |
| | | First Named Inventor | Volkmar Voigtlander |
| | | Art Unit | 3724 |
| | | Examiner Name | Ken Peterson |
| Total Number of Pages in This Submission | | Attorney Docket Number | 41653-190642 |

ENCLOSURES (Check all that apply)

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE) PTO SB08/A form |
| <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | Remarks |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--------------------------|----------|--------|
| Firm Name | VENABLE LLP | | |
| Signature | <i>Kavita B. Lepping</i> | | |
| Printed name | Kavita B. Lepping | | |
| Date | June 30, 2006 | Reg. No. | 54,262 |



PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

| | |
|--------------------------------|-------------|
| | 3724 |
| TOTAL AMOUNT OF PAYMENT | (\$ 790.00) |

| | |
|--|----------------------------------|
| | Attorney Docket No. 41653-190642 |
|--|----------------------------------|

Complete if Known

| | |
|----------------------|-----------------------|
| Application Number | 10/647465-Conf. #2311 |
| Filing Date | August 26, 2003 |
| First Named Inventor | Volkmar Voigtlander |
| Examiner Name | 3724 |
| Art Unit | Ken Peterson |

METHOD OF PAYMENT (check all that apply)

| | | | | | | | | | |
|-------------------------------------|-----------------|--------------------------|-------------|--------------------------|-------------|--------------------------|------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Check | <input type="checkbox"/> | Credit Card | <input type="checkbox"/> | Money Order | <input type="checkbox"/> | None | <input type="checkbox"/> | Other (please identify): _____ |
| <input checked="" type="checkbox"/> | Deposit Account | Deposit Account Number: | 22-0261 | Deposit Account Name: | Venable LLP | | | | |

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
|---|--|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input checked="" type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|------------------------------|-----------------|
| - 20 = | x | = | | 50 | 25 |

HP = highest numer of total claims paid for, if greater than 20.

200 100

Multiple dependent claims

360 180

| | | | |
|---------------------|---------------------|-----------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 20 = | x | = | |

Multiple Dependent Claims

| | |
|-----------------|----------------------|
| <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|-----------------|----------------------|

HP = highest numer of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 100 = | /50 | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 790.00)

SUBMITTED BY

| | | | | | |
|-------------------|-------------------|--------------------------------------|--------|---------------|----------------|
| Signature | Kavita B. Lepping | Registration No. (Attorney/Agent) | 54,262 | Telephone | (202) 344-4000 |
| Name (Print/Type) | Kavita Lepping | | Date | June 30, 2006 | |